

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 7 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30546

State File No. _____

Registration District No. **477**

Primary Registration District No. **3008**

Registrar's No. **340**

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Irma Claraine Craighead

3. (b) If veteran, C 3. (c) Social Security No. 2
name war _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 4 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 22 If less than one day
hr. _____ min. _____

9. Birthplace Aux vasse Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name George Craighead

13. Birthplace Fulton, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Craighead

15. Birthplace Fulton, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Craighead

(b) Address Aux vasse Mo.

17. (a) Burial (b) Date thereof Sept 25, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aux vasse Cemetery

18. (a) Signature of funeral director Hughes Mainkin

(b) Address Aux vasse Mo.

19. (a) 9-28-1947 (b) Joe M. Norwalk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14
(c) City or town Aux vasse
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1947 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Sept 26 1947, to Sept 26 1947
that I last saw him alive on Sept 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 8 3A

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury (1)

23. Signature B. B. Nichols (M. D. or other) _____

Address Aux vasse Mo. Date signed 9-28-47

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10-6-57

JUN 2 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Hughes Manfrique
Licensed Embalmer No. 2358
P. O. Address Aux Vasse, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.